

2019

# Alabama WISEWOMAN Policy and Procedure Manual

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# Alabama WISEWOMAN Program

## **Section 1: Introduction**

### **Program Purpose:**

In 1993, The Centers for Disease Control and Prevention (CDC), within the Division for Heart Disease and Stroke Prevention (DHDSP), was given authority by Congress to facilitate the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program, with the clear aims of helping women ages 40 to 64 years of age to understand:

- Their risk factors for developing Cardiovascular Disease (CVD) and/or other chronic diseases such as diabetes, hyperlipidemia, and hypertension.
- How to make lifestyle changes to prevent disease and to produce overall health.

In the summer of 2013, CDC offered the opportunity for federal funding to states with current breast and cervical cancer screening programs to apply for additional funding for WISEWOMAN Program services. The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) of the Alabama Department of Public Health (ADPH) applied for and was granted funding to conduct the Alabama WISEWOMAN Program, operating from July 01, 2013 through June 29, 2017. CDC then extended funding for an additional year to June 29, 2018. The Alabama WISEWOMAN Program applied for and was awarded funding to continue WISEWOMAN services for an additional five years. The current funding cycle operates from September 30, 2018 through September 29, 2023. ADPH is accountable to the CDC for the appropriate use of these funds.

### **Program Mission:**

The mission of the Alabama WISEWOMAN Program is to manage and reduce CVD risk factors among underserved women ages 40 to 64 in Alabama. The program will provide comprehensive CVD risk factor screenings for participants' age 40-64 receiving breast and cervical cancer screenings through ABCCEDP. All program components are related to the delivery of screening and diagnostic services, and delivery of support to those in need.

### **Funding Requirements:**

CDC requires 60% of ADPH grant funds be used for expenses directly for clinical services such as:

- Screening clinical and blood test with diagnostic testing as needed
- Risk assessment and risk reduction counseling
- Nutritional counseling
- Review and interpretation of clinical and blood tests, both in writing and orally
- Follow up medical appointment

- Social work services
- Referral for community support services used to maximize participation in screening and risk reduction services

CDC also requires no more than 40% of grant funds be used for activities/services not directly benefiting participants. Such activities/services include:

- Management activities\*
- Recruitment and outreach
- Professional development
- Data management, quality assurance, and quality improvement
- Development and maintenance of partnerships
- Community engagement
- Surveillance and evaluation activities
- Travel
- Education

\* No more than 10% of ADPH funds can be used for administrative costs. The 10% administrative cost are considered part of the 40% distribution.

**Note: No funds may be used to pay for inpatient hospital services for WISEWOMAN participants.**

## **Section 2: Agency's Responsibilities**

### **ADPH Responsibilities:**

CDC provides a framework and guidelines that ADPH is charged with following as a recipient of CDC WISEWOMAN funds. These guidelines are implemented through ADPH in combination with ADPH fiscal and programmatic guidelines and establish the basis for contracted providers to plan, implement, and evaluate the provision of services. ADPH is responsible to ensure WISEWOMAN providers provide quality patient care in all facets of the program, including:

- All components of the integrated office visit
- All social work activities and follow-up services
- All rescreening services at 12-18 months.

ADPH has contracted with four health care agencies - Franklin Primary Health Center (FPHC), Medical Outreach Ministries (MOM), Mobile County Health Department (MCHD), and Shelby County Health Department (SCHD) - to provide the WISEWOMAN program, the focus of which is cardiovascular disease (CVD) prevention.

- ADPH ensures contracted providers use established CDC approved protocols for service delivery.
- Contracted providers are accountable to ADPH for the appropriate use of funds.
- Supervision of WISEWOMAN staff will be per institutional guidelines and in compliance with state licensure requirements.

In addition to providing financial support, ADPH will assist contracted providers through:

- Guidance in hiring a licensed social worker who will serve as a Health Coach.
- Professional education, program development trainings, data management trainings, and meetings for contracted provider staff.
- Technical assistance with program planning, development, implementation, operations, and evaluation in accordance with federal and state government directives.
- Program guidance in implementing and maintaining an electronic tracking/follow-up referral system for the delivery of program services.
- Technical assistance with quality assurance and improvement activities.
- Assistance with enhancing and/or developing public/participants education activities.
- Assistance with program promotion and recruitment of eligible participants.
- Standardized forms and templates for all mandatory fiscal and programmatic reporting requirements.
- List(s) of allowable Current Procedural Terminology (CPT) codes and reimbursement rates for program services.
- Annual updates of eligibility guidelines including income eligibility.
- Regular program information/updates via e-mail, conference calls, trainings, webinars, meetings, and site visits.

### Provider Responsibilities:

The Alabama WISEWOMAN Policy and Procedure Manual provides program guidance for WISEWOMAN providers FPHC, MOM, MCHD, and SCHD in delivering appropriate screening services for all participants.

#### **A. HIPAA**

WISEWOMAN providers are required to follow the U.S. Department of Health and Human Services (HSS) Privacy Rule and implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes a set of national standards for the protection of certain health information. HSS issued the Privacy Rule to implement the requirement of HIPAA. The Privacy Rule standards address the use and disclosure of individuals’ health information, referred to as “protected health information,” by organizations subject to the Privacy Rule, referred to as “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HSS, the Office for Civil Rights (OCR) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

#### **B. Patient Rights**

Contracted providers are required to:

- Protect the use/disclosure of any participant’s medical or social information of a confidential nature.
- Consider medical services and information contained in medical records as confidential.
- Disclose the participant’s medical records to contracted ABCCEDP providers or medical facilities accepting the participant.
- Disclose the participant’s medical records to ABCCEDP State Office.
- Disclose, in summary or other form, information, which does not identify individuals or providers, if such information is in compliance with applicable federal and state regulations, and the exchange of medical record information is in keeping with established medical standards.

#### **C. Informed Consent**

Participants of the program agree to have personal and family history information collected and shared with ADPH.

- By signing consent forms, the participant grants permission to health care providers to report all information concerning screening tests and procedures, treatment, social work services, patient navigation services, and any related care or activity to ADPH.
- The consent form must be signed at the time of enrollment into the WISEWOMAN program.



- A new consent form must be signed at each annual rescreening. Verbal consent at the time of annual rescreening is not acceptable. See *Appendix B: Authorization for Services Form*.

#### **D. Patient Enrollment**

For enrollment into WISEWOMAN, the screening provider must complete the following:

- Determine eligibility based on income, age, and insurance status.
- Obtain a tracking number for all WISEWOMAN participants through the web-based enrollment site Med-IT (<https://www.med-itweb.com>) during the patient's initial or annual visit.
  - In order to create a WISEWOMAN tracking number in Med-IT, first select the correct patient or create a new patient and then click "Set Appointment" on the Med-IT Enrollment Page.
  - Then check WISEWOMAN box on the "Screening Guidelines" page along with BCC and create an appointment date.
  - The WISEWOMAN tracking number will have a "W" before the number.

#### **E. Record-Keeping**

- Copies of the signed patient consent forms, the WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction, and all WISEWOMAN HBSS Contact Forms are to be entered into the patient's permanent medical record/electronic health record (EHR) maintained by the primary provider.
- The provider must document all education provided to participants.
- The provider must establish a system for tracking participants, which notifies her when it is time for routine screening, follow-ups, rechecks, and rescreening visits.
- Ensure all participants found to have ALERT values are referred for medical evaluation and treatment immediately or within 7 days, the integrated office visit counting as DAY 1 and that ALERT workups are completed and documented in the EHR.
- Ensure all participants found to have ABNORMAL/DISEASE-LEVEL values are referred for medical evaluation and treatment immediately or within 30 days, the integrated office visit counting as DAY 1, and that, this follow-up is complete and documented in the EHR.

#### **F. Reporting Requirements**

To receive reimbursement from ADPH, the screening provider will submit the following by the 15<sup>th</sup> of each month:

- Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction
- Alabama WISEWOMAN Social Work Initial HBSS Contact Forms
- Alabama WISEWOMAN HBSS Contact Form
- Health Insurance Claim Form (HICF 1500) complete with all service codes and date of service

## **G. Contract/Reimbursement**

- Alabama WISEWOMAN providers must maintain current and applicable federal and/or state licenses.
- All screening providers must agree to accept the program-approved reimbursement fee as payment in full for services rendered. That reimbursement, by law, cannot be over the current Medicare reimbursement rate. See *Appendix H: Reimbursement Table*

## **H. Quality Assurance/Quality Improvement**

Providers are required to participate in quality assurance and quality improvement activities as deemed appropriate by ADPH. This includes compliance with contractual performance measures, participation in scheduled site visits, and professional development trainings.

### **Section 3: Screening Services**

#### **Alabama WISEWOMAN Visit**

The program offers currently enrolled ABCCEDP participants, ages 40 to 64, the following:

- CVD risk factor screenings to determine risk factors.
- Risk reduction counseling to help participants understand their risks.
- Healthy Behavior Support Services (HBSS) such as Health Coaching (HC) and Self-Monitoring Blood Pressure (SMBP) to support and help participants discover healthy lifestyle behaviors to prevent, minimize, or delay the onset of chronic disease.
- Follow up medical visit 4 to 6 weeks upon the completion of HC.
- Nutritional Counseling.

The program includes a baseline-screening visit followed by a rescreening visit in 12-18 months (*see Appendix A: Program Flowchart*). A medical follow-up and a nutritional counseling appointment are allowed and will be reimbursed on participants with alert or disease level values and/or at the provider's discretion. In addition, a medical visit 4 to 6 weeks following HC is allowed. This visit should repeat a minimum of blood pressure value, counseled on smoking cessation if applicable, and receive a weight measurement. Participants will complete page one of the Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction at this visit, (*see Appendix C: Clinical Data Collection Form: Baseline/Risk Reduction*) which is used in program evaluation and must be received prior to reimbursement for the visit.

Alabama WISEWOMAN participants will call to schedule an appointment and will be asked to fast for their screening lab tests. If an individual presents to the clinic who is not fasting, this will be noted on page two of the Clinical Data Collection Form: Baseline/Risk Reduction. All women presenting to the clinic for breast and cervical cancer screening through ABCCEDP and who are between the ages of 40 and 64 years should be given page one of the Clinical Data Collection Form: Baseline/Risk Reduction to complete prior to screening.

#### **The Integrated Office Visit**

The Integrated Office Visit consists of four major sections:

- Annual breast and cervical cancer screenings
- CVD risk factor screening tests
- Risk reduction counseling by medical staff
- A HBSS by the Alabama WISEWOMAN Social Worker

#### **Annual Breast and Cervical Cancer Screening**

This screening is completed prior to WISEWOMAN services begin initiated. Please refer to the "Breast and Cervical Cancer Early Detection Screening Program Policy and Procedure Manual" for specific details of the annual visit.

### CVD Risk Factor Screening Provided

- Blood Pressure (two blood pressure readings with a calculated average)
- Cholesterol (fasting lipid panel)
- Blood Sugar (fasting glucose for non-diabetic participants; HbA1c by point of care for diabetic participants)
- Height, Weight, BMI, and Waist measurement
- Smoking Status

### The Risk Reduction Counseling Session

The Risk Reduction Counseling session must be completed by the provider on all WISEWOMAN participants, including those with and without risks for cardiovascular disease. It is preferred that risk reduction counseling be completed at the time of the integrated office visit; however, it must be completed within 7 days of the visit. The provider will be reimbursed for the time spent conducting risk reduction counseling services. Risk Reduction counseling is billed separately from the office visit. See CPT code list. (*Appendix H: "Reimbursement Table"*)

The Risk Reduction Counseling Session will include:

- Review of medical history, lab, and clinical results.
- Discussion of CVD risk and importance of a healthy lifestyle to improve risk.
- Determine target blood pressure reading for hypertensive patients.
- Determine if participant is a candidate for SMBP.
- Discuss diet and physical activity.
- A referral for HC or SMBP.
- Determination of ability to participate in physical activity (*Appendix J: "Medical Clearance for Physical Activity"*).
- Provide participant with a written copy of their CVD risk. *Appendix I: "My Health Information Sheet"* is provided as an example of what could be utilized to provide this information to the participant.

### Initial visit with the Alabama WISEWOMAN Social Worker

Upon completion of the Risk Reduction Counseling Session, participants will meet with the social worker. This visit should occur immediately following risk reduction counseling but must occur within 30 days of risk reduction counseling. The social worker will:

- Review the data collection/risk assessment form, to ensure all data has been obtained.
- Review the risk reduction counseling session to ensure participant understands results.
- Introduce the WISEWOMAN program and the benefits of health coaching and offer services.
- Work with participants to establish realistic and achievable health goals.
- Complete any community-based referrals the participant feels are appropriate.
- If appropriate, ensure participants have access to hypertension medications.
- Provide supportive counseling to encourage daily improvements in working toward a healthier lifestyle.

## **Section 4: Healthy Behavior Support Services**

### **1. Health Coaching:**

Alabama will offer HC as a Healthy Behavior Support Service (HBSS) to all participants of the WISEWOMAN Program. HC is centered on evidenced-based interventions such as Motivational Interviewing and goal setting to facilitate healthy and sustainable behavior change. HC utilizes the following strategies/processes:

- Establish Relationship
- Motivational Interviewing
- Patients Priority in Establishing a Wellness Vision
- Goal Setting/Case Planning

In order to provide support and reinforce lessons learned, HC will include:

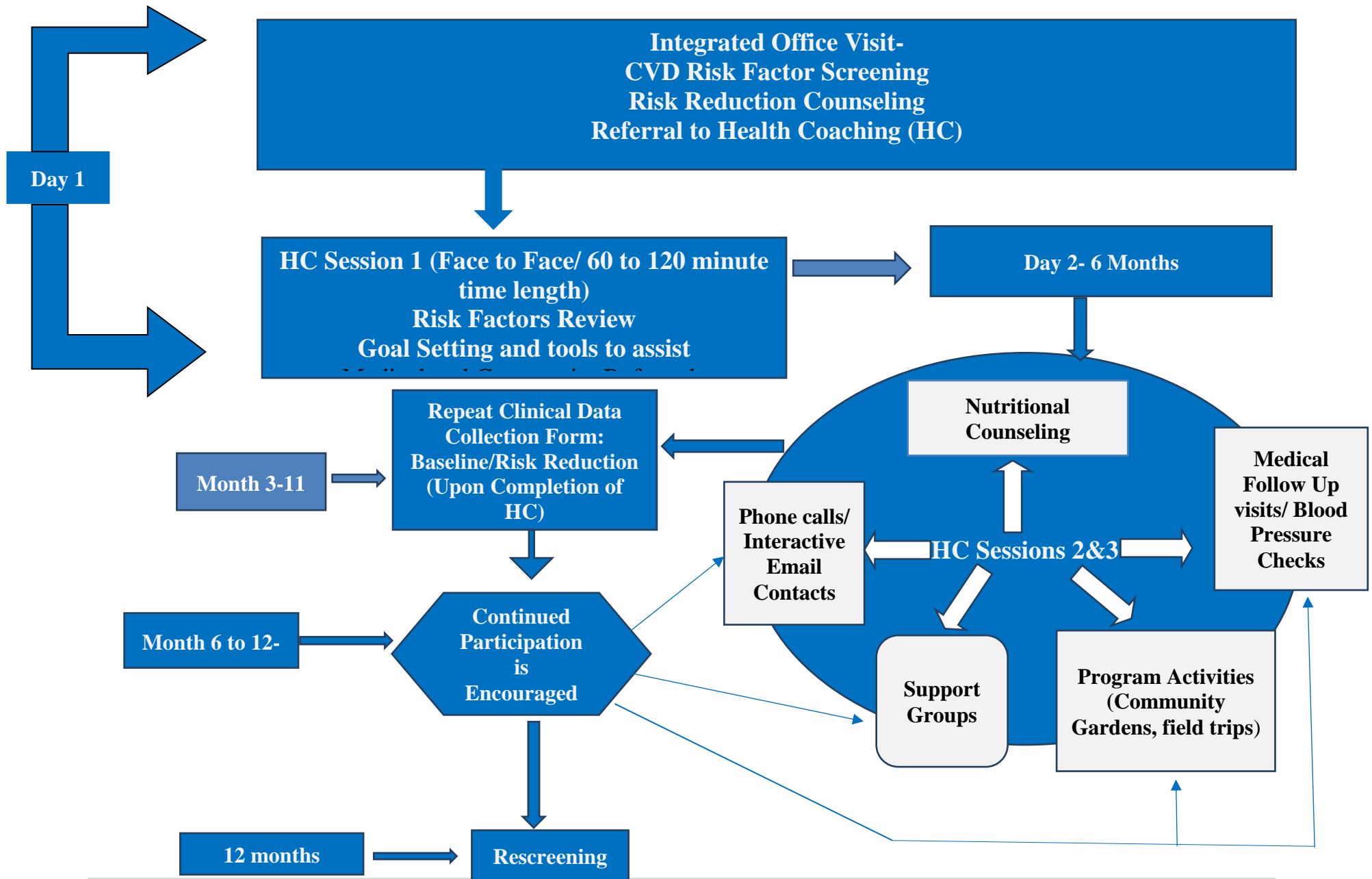
- Motivational interviewing techniques
- Supportive counseling
- Goal setting
- Follow-up on progress toward goals
- Referrals to appropriate community referrals
- An invitation to monthly support meetings held throughout the community
- Follow-up calls made to participants beginning or changing hypertension medication regimen within 10 days
- Quarterly contact, at a minimum

A minimum of three sessions are required to complete HC. The first session must be face-to-face, ideally at the screening site following risk reduction counseling. The first session takes a minimum of 60 minutes. Sessions 2 and 3 can be either face-to-face, by phone, or interactive email, with no minimum time limit. Attendance at a monthly support group or WISEWOMAN activity with interaction between the health coach and participant counts as a HC session.

### **Follow-up Assessment**

In order to evaluate short-term progress and to facilitate goal adjustments as needed, participants are encouraged to return to clinic for a follow-up visit with the provider. This visit should occur in months 3 to 11 and 4 to 6 weeks following completion of HC. In order to be reimbursed for this visit, the following is a minimum of what must occur: participant will complete page one of the Clinical Data Collection/Risk Assessment Form, and the provider will complete the Alabama WISEWOMAN Follow-Up After HBSS Collection Form. (*Appendix F: Follow-up After HBSS Collection Form*). At a minimum, this visit must include a blood pressure value, smoking cessation counseling if applicable, and receive a weight measurement.

# Alabama WISEWOMAN Health Coaching Flow Chart



## 2. Self-Monitoring Blood Pressure with Additional Clinical Support:

Alabama will offer SMBP as a Healthy Behavior Support Service. SMBP is defined as regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere. The health care team will provide SMBP with additional support that includes determining patient's target blood pressure parameters, regular one-on-one counseling, telephone or web-based support tools, and educational classes/materials. Alabama WISEWOMAN will provide monitors and offer SMBP with additional clinical support as a Healthy Behavior Support Service to eligible participants.

### Eligibility:

Diagnosis of Stage 2 hypertension

### Strategies Incorporated:

- Health Coaching/Empowering Patients/Motivational Interviewing
- Increase Patient Engagement
- Educational classes/opportunities
- Patient/Clinician “feedback loop” in which clinic support and recommendations are customized based on patient's regular communications of SMBP reported information
- Regular Follow-Up

### Health Coach Role:

- HC will communicate with medical staff to ensure blood pressure parameters as listed on SMBP Agreement Form are accurate.
- HC will ensure the SMBP Agreement Form is completed.
- HC will ensure participants have the proper fitting cuff for the blood pressure reading to be accurate.
- HC will ensure participants are able to demonstrate accurate use of the blood pressure monitor.
- HC will ensure participant has blood pressure logs to record measurements.
- HC will provide follow-up as required.

### Follow-Up Schedule:

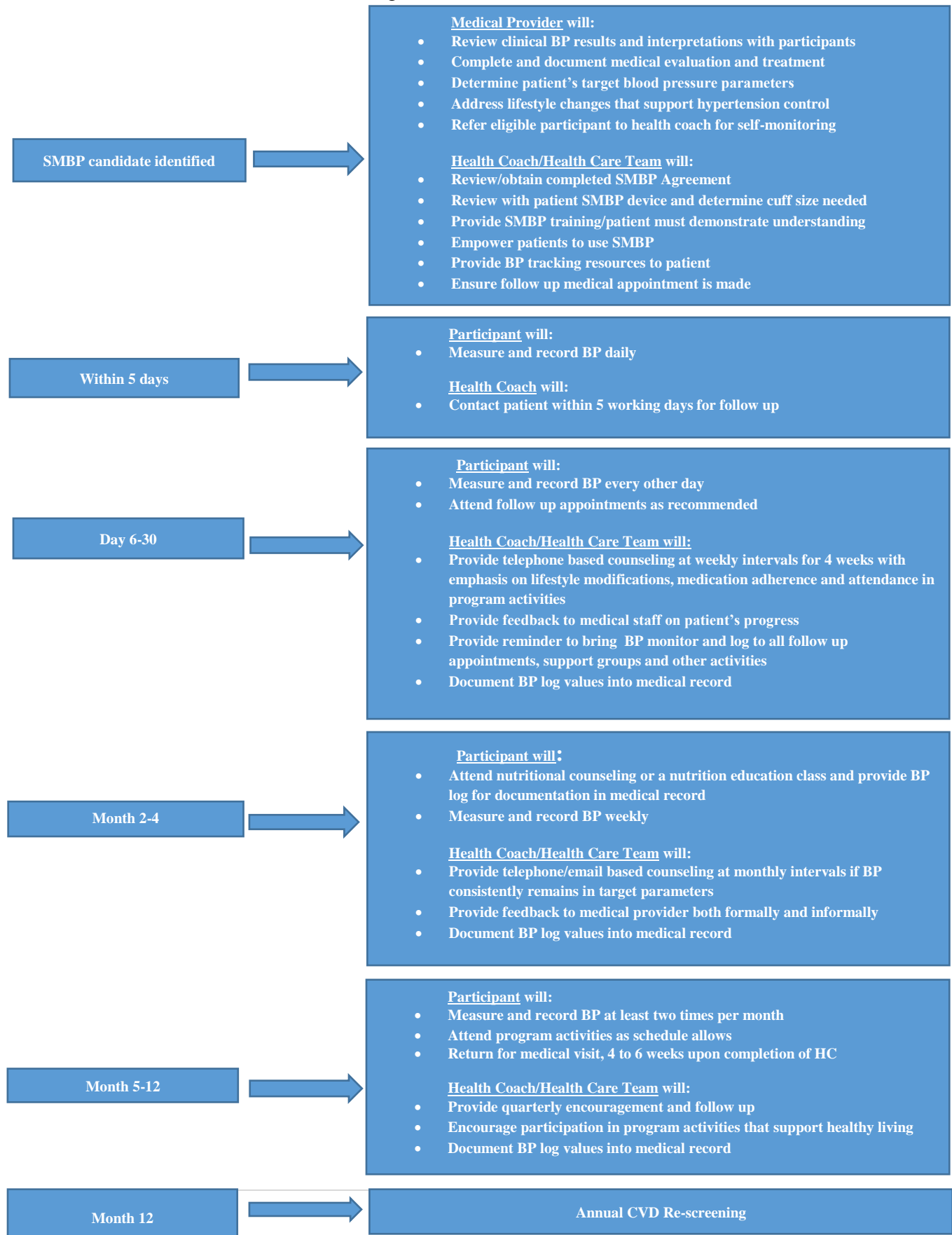
- Day 1-5: HC will contact patient within 5 working days for follow-up.
- Day 2-Day 30: Provide telephone contact at weekly intervals.
- Month 2-4: Provide telephone contact at monthly intervals.
- Month 5-12: Provide quarterly contact.



### Follow-Up:

Individuals receiving SMBP should also participate in health coaching and will receive follow up via HC protocol. In order to evaluate short-term progress and to facilitate goal adjustments as needed, participants are encouraged to return to clinic for a follow-up visit with the provider. This visit should occur in months 3 to 11 and 4 to 6 weeks following completion of HC. In order to be reimbursed for this visit, the following is a minimum of what must occur: participant will complete page one of the Clinical Data Collection/Risk Assessment Form, and the provider will complete the Alabama WISEWOMAN Follow-Up After HBSS Collection Form. (*Appendix F: Follow-up After HBSS Collection Form*). At a minimum, this visit must include a blood pressure value, smoking cessation counseling if applicable, and receive a weight measurement.

## Self-Monitoring Blood Pressure Flow Chart



## Self-Monitoring Blood Pressure Agreement

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

You are being given a home blood pressure monitor so you can check your blood pressure at home. You are eligible to receive this monitor because you have been diagnosed with:

- Stage 2 hypertension

### Self- Monitoring Blood Pressure Instructions

- Follow proper monitoring techniques as demonstrated in the pictorial directions provided

### Self-Monitoring Agreement

\_\_\_\_\_ I agree to measure and record my blood pressure:

- Daily for the first five days
- Every other day for days 6-30
- Weekly for months 2-4
- Two times per month for months 5-12

\_\_\_\_\_ I agree to bring my blood pressure monitor and log to all my medical appointments

\_\_\_\_\_ I agree to contact my doctor @ \_\_\_\_\_, if I have any symptoms or questions related to my blood pressure.

\_\_\_\_\_ I agree to contact my doctor at the above phone number if my blood pressure is consistently higher than \_\_\_\_\_ or lower than \_\_\_\_\_.

\_\_\_\_\_ I agree to contact my doctor immediately if my blood pressure is 180/110 or higher.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alabama WISEWOMAN: \_\_\_\_\_ Date: \_\_\_\_\_

## **Section 5: Follow Up Services and Medical Visits after the Integrated Office Visit**

### **Medical Follow-up Paid Visits:**

For Alabama WISEWOMAN participants who have alert or disease-level clinical findings at the Integrated Office Visit, the program provides up to three paid additional medical visits. The types of the paid follow up visits are:

- A nutritional counseling session with a registered dietician.
- A medical follow up office visit with medical staff for evaluation or other assessment of abnormal values.
- A medical follow up office visit 4 to 6 weeks upon completion of HC. This visit must include the completion of the Alabama WISEWOMAN Follow-Up After HBSS Collection Form (*see Appendix F: Follow-up After HBSS Collection Form*), a blood pressure value, counseling on smoking cessation if applicable, and a weight measurement.

It is the policy of the Alabama WISEWOMAN to limit the number of paid medical follow up visits to three. One with the medical provider, one with a registered dietician, and one upon completion of HC. However, the program acknowledges that occasionally a participant will require additional visits in order to reach optimum therapeutic results. In these situations, the HC should contact ADPH for reimbursement approval.

### **Follow-up by Social Worker:**

In order to provide support and reinforce lessons learned, social workers are encouraged to continue to provide follow-up once HC and/or SMBP contact requirements have been met. These include but are not limited to:

- Supportive counseling and follow-up on progress toward goals.
- An invitation to monthly support meetings held throughout the community.
- Follow-up calls to be made to participants beginning or changing hypertension medication regimen within 10 days.
- Follow-up for all community referrals.
- Scheduling of rescreening appointment at 12 to 18 months.
- Reminder calls for rescreening appointment.
- Quarterly contact, at a minimum.
- Follow-up as needed.

Each contact with participants is to be documented in the medical record.

## Support Groups

Support groups have proven to be effective in changing health behaviors and is a participant favorite in the WISEWOMAN program. Each social worker will arrange or lead monthly support groups at the clinic or prearranged site. Community partners are encouraged to participate by providing monthly support group/educational meetings. The purpose of the group is to foster friendships and provide learning opportunities that will encourage/motivate participants to live a healthier lifestyle. Support groups also provide participants with a sense of accountability.

Participants are to sign in upon arrival and receive a blood pressure and weight measurement. All sign in sheets from support groups are to be mailed to the Central Office of ADPH and the encounter, along with weight and blood pressure, is entered into the Med-IT database.

Participation in a support group can count as a HC session as long as material covered includes healthy living education.

## **Section 6: Alabama WISEWOMAN Screening Test**

- Providers must ensure all participants enrolled in Alabama WISEWOMAN with ALERT or disease level (abnormal) screening results have access to appropriate medical evaluation in the time frame specified, that it is complete, and that is documented in the participant's medical record.
- Providers must comply with all ADPH protocols.
- Providers must ensure participants are fasting, to the extent that is possible, for their lab tests. To be considered fasting, a participant must not have eaten or taken in fluids for 9 hours (if patient is not fasting, "non-fasting" must be marked on the Data Collection Form).
- Providers are encouraged to establish a tracking system that includes reminders to participants to keep their appointments for the office visit, mammography, laboratory blood tests, and other related screening tests or procedures.

### **Height/ Weight/BMI/Waist measurements:**

Each participant must have a height and weight taken with BMI calculated, along with a waist measurement. Waist measurement can be left unanswered if patient refuses.

### **Fasting Lipid Profile:**

All participants will be screened with a fasting Lipid Profile using a point of care (POC) device. This profile includes a total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides.

### **Fasting Glucose:**

All non-diabetic participants will be screened for fasting glucose using a POC device. In the event that a fasting glucose cannot be drawn for a non-diabetic participant, an A1C percentage can be tested but ONLY if the blood is collected by venipuncture and tested in a lab by NGSP certified and standardized DCCT assay. NOTE: A fasting glucose is not done on any participant diagnosed with diabetes; instead, an A1C is drawn.

### **HbA1c:**

Participants previously diagnosed with diabetes will receive an HbA1c using a POC device.

### **Blood Pressure:**

Each participant must have two blood pressure measurements taken and the average calculated. The averaged blood pressure number is the final blood pressure reading.

NOTE: When the systolic and diastolic blood pressure readings fall into two different categories, the higher category should be used to classify the blood pressure level. For example, 160/80 mm Hg would be Stage 2 hypertension (high blood pressure). The higher reading of the systolic blood pressure of 160 mm Hg determines the classification of Stage 2 hypertension.

## **Section 7: Hypertension**

### **Detection and Control**

Long-term objectives for the WISEWOMAN Program include developing “systems that monitor, improve, and sustain the cardiovascular health of the population served.” Preventing, whenever possible, and controlling hypertension are critical steps in accomplishing that broad goal. The Alabama WISEWOMAN Program has made the detection, treatment, and management of hypertension among participants a major focus. By following screening guidelines required by CDC, we anticipate identifying:

- Un-diagnosed hypertensive participants.
- Hypertensive participants who have been diagnosed in the past but their disease is uncontrolled.
- Diagnosed hypertensive participants who need regular monitoring and maintenance in order to reduce further risk for serious cardiovascular complications.

Management of Stage 1 and Stage 2 hypertension is a complex process involving many health care providers: physicians, nurse practitioners, physician assistants, nurses, social workers, dietary and pharmacy staff, and mental health personnel. These professionals are needed to ensure the best possible outcomes for hypertensive patients, and Alabama WISEWOMAN is designed to involve this team in the instruction and management of its hypertensive participants. In addition to team-based efforts, SMBP devices will be available to eligible participants as another practical and convenient tool for tracking and monitoring hypertension. These monitors will be provided free of charge to participants who: have been diagnosed with Stage 2 hypertension or recommended by their provider. In order to receive a monitor, participants must agree to the following stipulations:

- Measure and record blood pressure daily for 5 days.
- Measure and record blood pressure every other day for day 5-30.
- Measure and record blood pressure weekly during months 2-4 of SMBP.
- Measure and record blood pressure at least two times per month for months 4-12.
- To bring in their blood pressure tracker to all medical provider appointments so that their readings may be shared with their health care provider.
- To contact their health care provider if they have any symptoms or questions related to their blood pressure readings.
- To contact their health care provider if their blood pressure reads higher than a specified level as defined by their provider.
- To immediately contact their health care provider if their blood pressure reading is 180/120 or higher.

## **Alert Blood Pressure Value Protocol**

### Policy

An alert blood pressure value is defined as:

Systolic BP of > 180 mmHg or Diastolic of > 120 mmHg

The Provider is responsible for ensuring WISEWOMAN participants with alert values are evaluated immediately, i.e., the same day the readings were taken, or within 7 days with the integrated office visit counting as DAY 1.

- Due to the serious implications that alert blood pressure values represent for the health status of program participants, there are no exceptions to this policy.
- Participants who were seen recently by their clinician or will be seen by their clinician soon are not exceptions to this guideline.
- Providers need to track participants by telephone to ensure that they keep their medical appointment.
- Providers need to ensure that all provider staff is educated/re-educated concerning the management of alert values.
- If participants with alert screening values are not seen in the expected time frame, providers should consider doing an assessment of the referral procedures to identify areas where areas of improvement are needed.
- All participants with alert values should be referred to the WISEWOMAN Social Worker to provide access to WISEWOMAN services, follow-up on medical management, and assistance with prescription medications.

### Documentation for Alert Value Follow-up

Providers must document the following information in the participant's EHR for any patient with an alert value:

- The date the medical evaluation was started and completed.
- All treatment information.
- Any reasons why a participant did not receive medical evaluation and treatment within the seven business days.



## **Section 8: Data Collection Forms**

### **Purpose**

Alabama WISEWOMAN has mandatory reporting requirements and data elements that are required by the CDC. The data collected from the WISEWOMAN forms provides evidence to the funding agencies that monies used by WISEWOMAN programs are used to:

- Ensure participants receive cardiovascular disease screening tests in conjunction with ABCCEDP screenings.
- Ensure participants with alert values and disease-level values are followed according to CDC guidelines.
- Ensure the program is reaching the in-need segment of the population.
- Evaluate the effectiveness of the WISEWOMAN Program.
- Ensure the availability of high quality data for program planning as well as quality assurance of the program.

### **General Information Concerning All Forms**

- All forms should be complete and accurate.
- The original forms will be sent to the Program Manager with an invoice by the 15<sup>th</sup> of each month.
- All forms can be printed from the Med-IT Enrollment web site.
- Copies of all forms must be kept in the medical record.
- The results of the lab tests should be carefully recorded so that participants receive adequate follow-up and providers receive proper payment.
- The Alabama WISEWOMAN Consent Form appears on the back of the ABCCEDP Screening form. The form must be signed before any services are rendered, and the signed document must be maintained in the patient's medical record.

### **Data Collection Requirements**

Alabama WISEWOMAN program uses several data collection forms for data reporting.

- Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction
- Alabama WISEWOMAN Social Work Initial HBSS Contact Form
- Alabama WISEWOMAN HBSS Contact Form
- Alabama WISEWOMAN Follow-Up After HBSS Collection Form
- HICF 1500 Form

### Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction

This form should be completed on all WISEWOMAN patients at the initial office visit or integrated office visit. The first page of the form is to be completed by the participant. The second page of the form is to be completed by the provider conducting the risk assessment screening and risk reduction counseling. Upon completion of HC and at the follow up visit, participants are asked to complete the first page on this form again.

The purpose of the Baseline/Risk Reduction Form:

- To provide documentation of the patient history, health assessment information, baseline lab and clinical values, and risk reduction counseling information.
- To serve as the monthly data report on provider activity and the documentation for billing.
- To track patients regarding medication compliance and lifestyle programs.

Please refer to *Appendix C: Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction*

### Alabama WISEWOMAN Social Work Initial HBSS Contact Form

This form is to be completed by the Social Worker during the first HC visit. The form will be sent to the Program Manager upon completion. The purpose of this form is to:

- Collect patient participation in healthy behavior support services.
- Track completed sessions.
- Provide documentation of patient referrals to community resources.
- Provide documentation of program resources provided to participant

### Alabama WISEWOMAN HBSS Contact Form

This form is to be completed whenever there is any contact between the participant and the WISEWOMAN social worker and/or the nutritional counselor. The form will be sent to the Program Manager on a monthly basis. The purpose of this form is to:

- Collect patient participation in healthy behavior support services.
- Track completed sessions.
- Provide documentation of patient referrals to community resources.
- To serve as the monthly data report for Social Worker activity.
- To provide tracking and documentation for the Nutritional Counseling sessions.

### Alabama WISEWOMAN Follow-Up After HBSS Collection Form

This form is to be completed during the medical visit following the completion of HC, occurring between months 3-11. The follow-up visit will not be reimbursed until this form is completed in its entirety and received by ADPH state office.

Please refer to *Appendix D: Alabama WISEWOMAN Social Work Initial HBSS Contact Form*  
*Appendix E: Alabama WISEWOMAN HBSS Contact Form.*  
*Appendix F: Alabama WISEWOMAN Follow-up After HBSS Collection Form*

### HICF 1500 Form

This is the standard billing form used to submit charges accrued for Alabama WISEWOMAN services to accurately reimburse providers.

Please refer to *Appendix G: HICF 1500 Form.*

### How to Change Client Information

If there are changes in client information after you have submitted the screening forms or follow-up forms, notify the WISEWOMAN social worker in writing of the change to be made. The social worker is to mail the corrected information to the Program Manager. So that the correct record is changed, include the following in your note:

- Name that is currently in WISEWOMAN program records
- Social Security Number
- Date of Birth
- Med-IT Tracking Number
- Initial Office Visit Date
- Name that the current name will be changed to

## **Section 9: Billing and Reimbursement**

### **Requirement:**

Providers are required to use appropriate CPT Codes as defined by CDC.

### **Guidance:**

Current Procedural Terminology (CPT) is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by providers. The purpose for the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among providers, patients, and third parties.

- Alabama WISEWOMAN funds can only be used to reimburse for services outlined by CDC as approved procedures and at the current Medicare reimbursement amounts.
- Alabama WISEWOMAN funds cannot be used for treatment services of any kind  
NOTE: Treatment services include medication and other highly specialized counseling such as diabetes education programs. Given that no-cost tobacco cessation resources and diabetes education programs are readily available and accessible in the community.
- Alabama WISEWOMAN funds cannot be used to reimburse for these services.
- Alabama WISEWOMAN funds cannot be used to reimburse costs related to ALERT value medical evaluations such as ambulance transportation or subsequent hospitalizations.

### **Alabama WISEWOMAN Paid Services:**

- Clinical laboratory tests at initial screening
- Risk reduction counseling session with medical professional
- A medical follow-up visit with provider regarding screening issues
- Nutritional counseling session with a registered dietician
- A follow-up office visit with medical provider following HC (stipulations apply)

In the Integrated Office Visit, the clinical screening portion is funded through ABCCEDP. Alabama WISEWOMAN funds pay for lab testing and the risk reduction counseling segment of the Integrated Office Visit.

**NOTE: It is the policy of the Alabama WISEWOMAN to limit the number of paid medical follow-up visits to three. One with the medical provider, one with a registered dietician, and one upon completion of HC. However, the program acknowledges that occasionally a participant will require additional visits in order to reach optimum therapeutic results. In these situations, the HC should contact ADPH for reimbursement approval.**

### Clinical Laboratory Tests:

The Alabama WISEWOMAN program will pay for the following screening lab tests for WISEWOMAN participants:

Laboratory Test	CPT Code
Routine Venipuncture	36415
Lipid Panel	80061
Total Cholesterol	82465
HDL Cholesterol	83718
Glucose, Quantitative	82947
Glucose, Blood Reagent Strip	82948
Glucose Tolerance Test	82951
Hemoglobin, Glycated (A1c)	83036
Basic Metabolic Profile	80048

**NOTE: No fasting glucose is to be performed on any WISEWOMAN participant who has been diagnosed with Diabetes.**

### Risk Reduction Counseling:

CDC protocols require the provision of risk reduction counseling to each WISEWOMAN Program participant, including participants with and without risks for cardiovascular disease. Providers will be reimbursed for the time spent conducting risk reduction counseling services. Reimbursement should be for the risk reduction counseling that is provided and is billed separately from the time spent conducting the clinical screening services that are part of the office visit. The risk reduction counseling services can take place on the same day as the screening office visit or on a different day but must be billed separately. CDC requires risk reduction counseling to be provided at the office visit based upon whatever assessments and test results are available. If all test results are available, including blood work, risk reduction counseling is required to take place at the office visit. This is referred to as completed risk reduction counseling at the office visit. If part of the assessments, measurements, and test results are available but not all of them, risk reduction counseling is to be provided on the information that is available at the office visit. This is referred to as partial risk reduction counseling at the office visit. To complete the risk reduction counseling providers are required to follow-up with participants by telephone or face-to-face. Providers are reimbursed only for completed risk reduction counseling. The use of POC devices during the office visit allows for risk reduction counseling to be completed during the office visit, eliminating the need to carry out follow up at a later time.

CPT Reimbursement Code 99403 will be used for risk reduction counseling.

### Nutritional Counseling:

Alabama WISEWOMAN will pay for individual and/or group nutritional counseling with a registered dietitian. Reimbursement rates are based on time spent in sessions. Please refer to the following table for CPT codes.

Nutritional Counseling	CPT Code
Medical Nutrition Therapy, initial assessment, 15 minutes	802-1
Medical Nutrition Therapy, initial assessment, 30 minutes	802-2
Medical Nutrition Therapy, initial assessment, 45 minutes	802-3
Group (2 or more), each 30 minutes	804-1
Group (2 or more), each 60 minutes	804-2
Group (2 or more), each 90 minutes	804-3

### Medical Follow up Office Visit:

Participants with ALERT or abnormal screening tests/ or who started or changed a medication regime should return to clinic for follow-up. In addition, a medical follow up office visit 4 to 6 weeks upon completion of HC is provided. The following CPT codes are to be used.

Medical Follow Up Visit	CPT Code
Established Patient: 15 minutes	99213
Established Patient: 10 minutes	99212

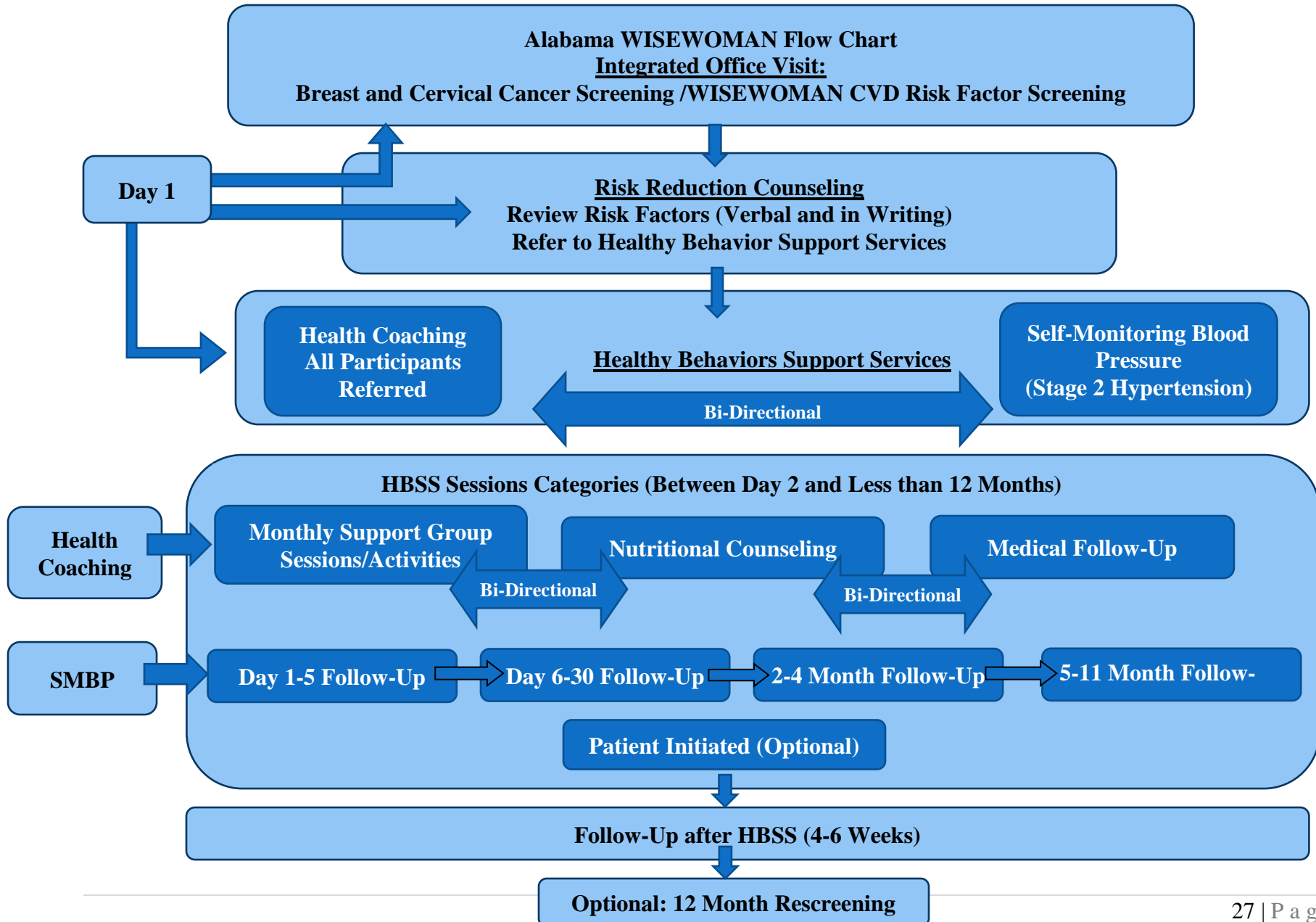
The medical office visit occurring 4 to 6 weeks following HC must include at a minimum:

- Blood pressure value
- Counseling on smoking cessation (if applicable)
- Weight measurement.
- Completion by the participant of the first page of the Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction
- Completed by provider of the Follow-Up After HBSS Collection Form

These minimum requirements must be received at ADPH central office prior to reimbursement.

**NOTE: It is the policy of the Alabama WISEWOMAN to limit the number of paid medical follow up visits to three. One with the medical provider, one with a registered dietitian, and one upon completion of HC. However, the program acknowledges that occasionally a participant will require additional visits in order to reach optimum therapeutic results. In these situations, the HC should contact ADPH for reimbursement approval.**

# Appendix A PROGRAM FLOW CHART



**Appendix B**  
**Authorization for Services Form/ Informed Consent/Release of Information Consent**

**PROGRAM DESCRIPTION**

The Alabama Breast and Cervical Cancer Early Detection Program, ABCCEDP, is a cooperative effort between clinics and providers, the Alabama Department of Public Health, and the U.S. Centers for Disease Control and Prevention to encourage screening for breast and cervical cancer. The purpose of screening is to detect cancer in the earliest stage so that it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap smear.

- You will be able to receive your clinic/provider visit, Pap smear, and/or mammogram for FREE, if you meet the income eligibility requirements of the program and have no insurance or these services are not covered fully by your insurance.
- If you have an abnormal screening test result, the clinic/provider will work with the program to help you obtain further diagnostic tests and treatment. The program can pay for limited diagnostic services but cannot pay for treatment. Your health care provider at the clinic or provider can tell you which specific services can be paid for and which are not covered by the program. In the event that a biopsy is done and it is necessary to do further surgery (at that time) for treatment purposes, the ABCCEDP cannot pay for the treatment portion of the surgery.
- In order to assure that adequate diagnostic and treatment services are available, following abnormal screening results, the ABCCEDP program and/or service provider may need to do additional needs evaluation and assessment with the patient in the form of case management.
- The program will work with this clinic/provider to let you know when you are due for your next Pap smear and/or mammogram.

**CONSENT FOR SERVICES/RELEASE INFORMATION**

I have read the above and understand the explanation about the Alabama Breast and Cervical Cancer Early Detection Program and hereby consent to receive the health services as indicated. By agreeing to take part in this program, I give permission to any and all of my providers, clinics, mammography facilities, and/or hospitals to provide all information concerning my Pap smears, breast exams and mammograms, and any related diagnostic treatment procedures to the ABCCEDP, which may include referral to case managers employed by the Alabama Department of Public Health.

Any information released to the program will remain confidential, which means that the information will be available only to me and the employees of the Alabama Department of Public Health working with this program. The information will be used only to meet the purposes of the program described above and any published reports which result from this program will not identify me by name.

I understand that my participation in this program is voluntary and that I may drop out of the program and withdraw my consent to release information at any time.

**Privacy Notice:**

I have received notice of my privacy rights and I have been given or offered a copy of the "Notice of Privacy Practices" by the Alabama Department of Public Health or your health care provider.

Signature \_\_\_\_\_ Clinic or MD Name \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print) Last First MI



## Alabama WISEWOMAN Informed Consent/Release of Information Consent

You may receive WISEWOMAN services if you are an ABCCEDP patient and are between the ages of 40-64. The Program's aim is to help you reduce your risk for developing cardiovascular disease and/or stroke. As a participant, you will receive screening tests to identify your cardiovascular disease risk factors and help in reducing or controlling them. Tests include: 1) blood pressure measurements; 2) taking a small amount of blood (this may cause you some minor discomfort) to check your fasting glucose (or A1C level if you have Diabetes) and your cholesterol/lipid levels; 3) taking your weight, height, your body mass index (BMI), and, if desired, your waist measurements; and 4) you will be asked if you use tobacco products. You will also be asked health questions to determine if you are healthy enough to participate in physical activity\*. You will then meet with a doctor or medical professional to discuss your clinical and blood test results. (\*Note: It is important to follow your provider's recommendations regarding any physical activity.)

- On the same day, if your blood pressure, glucose/A1C, or cholesterol/lipid levels are high or if you smoke, you will be referred to a Social Worker who will assist you with lifestyle changes designed to reduce your risk factors and will share with you a program called Health Coaching, which is effective in improving cardiovascular health.
- If your results are high, you may be asked to return to the clinic for a follow up office visit with your provider and for a nutritional counseling session with a dietician, the cost of these visits are paid for by the Program. You will also be ask to return for rescreening 4 to 6 weeks following health coaching. This visit will be at no cost to you. **Please note that your provider may recommend additional office visits besides these, which may not be covered by WISEWOMAN.**

**RISK OF USING E-MAIL:** Information contained in email messages may be privileged and confidential. There is some risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized people. These include, but are not limited to, the following risks:

- a) The Health Insurance Portability and Accountability Act of 1996 recommends that any E-mail containing protected health information should be encrypted. The E-mails sent from the WISEWOMAN screening facility or the Alabama Department of Public Health may not be encrypted, so E-mails may not be secure. Therefore, it is possible that the confidentiality of such communications may be breached by a third party.
- b) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) E-mail senders can easily misaddress an E-mail.
- d) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- e) E-mail can be used to introduce viruses into computer systems.
- f) E-mail can be used as evidence in court.

### Consent for Services/Release Information

I have read the above, understand the explanation about WISEWOMAN, and hereby consent to receive the health services as indicated. I know that I have the right to revoke this permission at any time (except to the extent that action has already been taken). I understand the risks associated with E-mail communications between me and the WISEWOMAN screening facility, staff, OR the Alabama Department of Public Health staff. Any questions I may have had were answered. If I provide my E-mail below, I understand the risks, and give my consent for the WISEWOMAN screening facility or the Alabama Department of Public Health to communicate with me regarding my protected health information by E-mail. This consent will be reaffirmed or discontinued, at my choice, at each clinic visit.

Any information released to the program will remain confidential, which means that the information will be available only to me and the employees of the Alabama Department of Public Health working with this program. The information will be used only to meet the purposes of the program described above and any published reports which result from this program will not identify me by name. I hereby give permission to the Alabama WISEWOMAN Program to disclose information about me to social service or community agencies and health care providers for the limited purpose of consultation or referral. This permission may include the disclosure of information about my medical condition but does not include the release of the written medical record.

By signing below, I certify I have read and understand the above information and give consent to authorize one or more of the above-listed services for myself. \_\_\_\_\_ I understand that I may withdraw from the WISEWOMAN program at any time while continuing to receive screening services via ABCCEDP. Unless otherwise revoked, this authorization will expire 18 months from the date signed.

**Patient Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**WISEWOMAN Screening Facility Representative:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Alabama Department of Public Health Representative:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**The clinic or your provider may suggest or offer services which are not part of Alabama WISEWOMAN. If you decide to use these services, they will not be paid for by ABCCEDP.**

**NOTE: CLINICS/PROVIDERS MAY SUGGEST OR OFFER SERVICES WHICH ARE NOT PART OF ABCCEDP. IF YOU DECIDE TO USE THESE SERVICES, THEY WILL NOT BE PAID FOR BY ABCCEDP.**

## Appendix C

### Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction

Alabama WISEWOMAN Clinical Data Collection Form: Baseline/Risk Reduction									
Provider Name _____					Tracking Number: _____				
Date _____		First Name _____		Last Name _____		DOB: _____			
Address _____					State: _____		Zip Code: _____		
Education: 1 2 3 4 5 6 7 8 9 10 11 12, College 1 2 3 4 Don't Want to Answer High School Diploma/GED: Yes No									
Race: Unknown White Black/AA Native Hawaiian/Pacific Islander American Indian/Alaska Native									
Other Race: _____ If Applicable, Second Race: _____									
Hispanic Origin: Yes No Language: English Spanish Other: _____									
Hypertension	1. Do you have hypertension (high blood pressure) Yes __, No __, Don't Know/Not Sure __								
	2. Was medication prescribed to lower your blood pressure? Yes __, No __								
	3. Do you measure your blood pressure at home or using other calibrated sources? Yes __, No -Was Not Told __, No-Doesn't know how __, No-Doesn't have equipment __, N/A __								
	4. How often do you measure your blood pressure at home or using other calibrated sources? Multiple times per day __, Daily __, Few Times Per Week __, Weekly __, Monthly __								
	5. During the past 7 days, on how many days did you take medication to lower your blood pressure? Number of Days __, None __								
	6. Do you regularly share blood pressure readings with a health care provider for feedback? Yes __, No __								
Cholesterol	7. Do you have high cholesterol? Yes __, No __, Don't Know/Not Sure __								
	8. Was medication (Statin) prescribed to lower your cholesterol? Yes __, No __								
	9. Was medication (other than Statin) prescribed to lower your cholesterol? Yes __, No __								
	10. During the past 7 days, on how many days did you take prescribed medications to lower your cholesterol? Number of Days __, None __								
Diabetes	11. Do you have diabetes? Yes __, No __, Don't Know/Not Sure __								
	12. Was medication prescribed to lower your blood sugar? Yes __, No __								
	13. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar? Number of Days __, None __								
Heart Health	14. Have you had a stroke/TIA?		Yes __		No __		Don't Know/Not Sure __		
	15. Have you had a heart attack?		Yes __		No __		Don't Know/Not Sure __		
	16. Have you had heart disease?		Yes __		No __		Don't Know/Not Sure __		
	17. Have you had heart failure?		Yes __		No __		Don't Know/Not Sure __		
	18. Have you had vascular disease?		Yes __		No __		Don't Know/Not Sure __		
	19. Have you had congenital heart disease?		Yes __		No __		Don't Know/Not Sure __		
<b>Health Assessment</b>									
20. Are you taking aspirin daily to help prevent a heart attack or stroke? Yes __, No __									
21. How many cups of fruits and vegetables do you eat in an average day? Number of cups __, None __									
22. Do you eat fish at least two times a week? Yes __, No __									
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains? Less than Half __, About Half __, More than Half __									
24. Do you drink less than 36 ounces (450 calories) of sugared sweetened beverages weekly? Yes __, No __									
25. Are you currently watching or reducing your sodium or salt intake? Yes __, No __									
26. How many minutes of physical activity (exercise) do you get in a week? Number of minutes __, None __									
27. Do you smoke? Include cigarettes, pipes, or cigars (smoked tobacco in any form) Current Smoker __, Quit (1-12 months ago) __, Quit (more than 12 months ago) __, Never Smoked __									
28. Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things? Not at all __, Several days __, More than half __, Nearly every day __									
29. Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? Not at all __, Several days __, More than half __, Nearly every day __									
30. In the past 7 days, how often do you have a drink containing alcohol? Number of Days __, None __									
31. How many alcoholic drinks, on average, do you consume during a day you drink? Number __, None __									

**Alabama WISEWOMAN Clinical Data Collection Form  
(Page 2)**

**For Clinical Staff Only:** Screening Date: \_\_\_\_\_  
 Patient: \_\_\_\_\_ Tracking Number: \_\_\_\_\_

Height : _____ in	Weight: _____ lbs	BMI: _____	Waist: _____ in.	Is Patient Fasting? Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------	-------------------	------------	------------------	--

**Measurements Tab**

1 <sup>st</sup> BP Reading:	_____ / _____ mm Hg
2 <sup>nd</sup> BP Reading:	_____ / _____ mm Hg
Average BP Reading:	_____ / _____ mm Hg

**Blood Pressure Alert**

**\*Alert BP: Systolic >180 OR Diastolic > 120 mm Hg**

**Alert Action: Requires immediate medical evaluation**

Medically Necessary ☐ BP Alert Date: \_\_\_\_\_ BP Alert Follow-Up Date: \_\_\_\_\_  
 Not Medically Necessary ☐  
 Medically Necessary Follow-Up Appointment Declined ☐  
 Client Refused Work-up ☐

**Blood Work Tab**

**Cholesterol**

Total Cholesterol-Fasting or Non-Fasting	_____ mg/dl
HDL Cholesterol-Fasting or Non-Fasting	_____ mg/dl
LDL Cholesterol-Fasting Only	_____ mg/dl
Triglycerides-Fasting Only	_____ mg/dl

**Blood Glucose**

**\*Alert Fasting Glucose: ≤ 50 OR ≥250 mg/dl**

<b>Blood Glucose-Fasting</b>	<b>A1c Percentage:</b>
Test Result: _____ mg/dl	% Test Result: _____
Why No Test: _____	Why No Test: _____

Risk Reduction Counseling Session: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Why Not Complete: \_\_\_\_\_

Health Coaching Referral Date: \_\_\_\_\_

Has staff reviewed patient's hypertension medication adherence plan?	Yes	No	Not Applicable
Did patient receive home blood pressure monitor for Stage 2 Hypertension?	Yes	No	Not Applicable

**Adjusted Medication Plan**

Was patient prescribed a new medication for hypertension today?	Yes	No	Not Applicable
Was patient prescribed a new medication for cholesterol today?	Yes	No	Not Applicable
Was patient prescribed a new medication for diabetes today?	Yes	No	Not Applicable

**Appendix D**  
**Social Work Initial HBSS Contact Form**

AL WISEWOMAN Social Work Initial HBSS Contact Form

--	--	--	--	--	--	--	--	--	--	--	--

Date: _____		ABCCEDP Provider: _____	
First Name: _____	Last Name _____	DOB _____	Phone: (    ) _____
Address _____		State: _____	Zip Code: _____
Does Patient want to participate in HBSS?		Yes	No
If No, was community resources provided?		Yes	No
<b>Hypertension Medication Plan</b>			
On Hypertension Meds? Yes , If Yes, how does patient purchase meds _____			
No    Not Applicable			
Adherence Plan:			
<b>Community Resource Referrals Made</b>			
Alabama Quit Line	Yes	No	
Mental Health Assistance	Yes	No	
Medication Assistance	Yes	No	
Primary Care Physician Referral	Yes	No	
Substance Abuse	Yes	No	
Other: _____			
<b>Program Tools Provided</b>			
Pill Box	Yes	No	
Stretch Band	Yes	No	
My Plate	Yes	No	
Sports Bottle	Yes	No	
Fitness Tracker	Yes	No	
Seasonal Sustenance	Yes	No	
<b>Nutritional Counseling Referral</b>			
Nutritional Counseling	Appointment Date: _____		
No Referral Made Yet		Not Applicable	
<b>Home BP Monitor Overview</b>			
Was Home Blood Pressure Monitor Date Issued Today?		Yes, Date: _____	No
If Yes, please complete the SMBP section in the AL WISEWOMAN Clinical HBSS Contact Form			
HBSS Completion Date:			
Follow-Up After HBSS Completion Date:			
If measurements were recorded, please complete Follow-Up After HBSS Clinical Measurements Form			

**Appendix E**  
**HBBS Contact Form**

HBSS Health Coach Summary		
<b>HC Completion Dates</b> First HC Session: _____ Type: _____ Second HC Session: _____ Type: _____ Third HC Session: _____ Type: _____	<b>SMBP Completion Dates (If Applicable)</b> BP Monitor Issued Date: _____ BP Monitor First Five Days Follow-Up: _____ BP Monitor Day 6-30 Follow-Up: _____ BP Monitor 2-4 Month Follow-Up: _____ BP Monitor 5-11 Month Follow-Up: _____ BP Monitor Patient Initiated Call: _____	
<b>If Applicable, Please Answer SMBP Enrollment Questions</b>		
Was patient able to demonstrate use?	Yes	No
Did the cuff size fit the patient?	Yes	No
Did the patient sign SMBP agreement form?	Yes	No
<b>Session Date</b>	<b>HBSS Type</b>	<b>Description</b>
Session: _____	SMBP or HC	
Session: _____	SMBP or HC	
Session: _____	SMBP or HC	
Session: _____	SMBP or HC	
Session: _____	SMBP or HC	

If applicable, please include in the description a brief summary of any of the following completed during the visit:

1. **Blood pressure measurement**
2. **Weight measurement**
3. **Blood Pressure Follow-Up After Medication Use**
4. **Community Resource Referrals Made**
5. **Program Tools Provided**

**Appendix F**  
**Alabama WISEWOMAN Follow-Up After HBSS Collection Form**

**Follow-Up After HBSS Collection Form: Follow-Up After HBSS Date:**

**Patient: Tracking Number:**

**Height : in**

**Weight: lbs**

**BMI:**

**Waist: in.**

**Is Patient Fasting? Yes ☐ No ☐**

**Measurements Tab**

**1<sup>st</sup> BP Reading:**

\_\_\_\_\_/ mm Hg

**2<sup>nd</sup> BP Reading:**

\_\_\_\_\_/ mm Hg

**Average BP Reading:**

\_\_\_\_\_/ mm Hg

**Blood Pressure Alert**

**\*Alert BP: Systolic >180 OR Diastolic > 120 mm Hg**

**Alert Action: Requires immediate medical evaluation**

**Medically Necessary ☐**

☐

**BP Alert Date:**

**BP Alert Follow-Up Date:**

**Not Medically Necessary ☐**

**Medically Necessary Follow-Up Appointment Declined ☐**

**Client Refused Work-up ☐**

**Blood Work Tab**

**Cholesterol**

**Total Cholesterol-Fasting or Non-Fasting**

\_\_\_\_\_mg/dl

**HDL Cholesterol-Fasting or Non-Fasting**

\_\_\_\_\_mg/dl

**LDL Cholesterol-Fasting Only**

\_\_\_\_\_mg/dl

**Triglycerides-Fasting Only**

\_\_\_\_\_mg/dl

**Blood Glucose**

**\*Alert Fasting Glucose: ≤ 50 OR ≥250 mg/dl**

**Blood Glucose-Fasting**

**A1c Percentage:**

**Test Result: mg/dl**

**% Test Result:**

**Why No Test:**

**Why No Test:**



## Appendix G HICF 1500 Form

### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA         </div> <div style="text-align: right;">           PICA <input type="checkbox"/> <input type="checkbox"/> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div>           1. MEDICARE <input type="checkbox"/> (Medicare#)            MEDICAID <input type="checkbox"/> (Medicaid#)            TRICARE <input type="checkbox"/> (ID#/DoD#)            CHAMPVA <input type="checkbox"/> (Member ID#)            GROUP HEALTH PLAN <input type="checkbox"/> (ID#)            FECA BEN LUNG <input type="checkbox"/> (ID#)            OTHER <input type="checkbox"/> (ID#)         </div> <div>           1a. INSURED'S I.D. NUMBER (For Program in Item 1)         </div> </div>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)		
CITY			STATE		CITY			STATE	
ZIP CODE			TELEPHONE (Include Area Code) ( )		ZIP CODE			TELEPHONE (Include Area Code) ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER		
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____		b. OTHER CLAIM ID (Designated by NUCC)		
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME		
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>		
<p style="text-align: center;"><b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b></p> <div style="display: flex; justify-content: space-between;"> <div>           12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.             SIGNED _____ DATE _____         </div> <div>           13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.             SIGNED _____         </div> </div>									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____					15. OTHER DATE QUAL _____ MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____					ICD Ind. _____		22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____		
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER					F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan
					I. ID. QUAL		J. RENDERING PROVIDER ID. #		
1									NPI
2									NPI
3									NPI
4									NPI
5									NPI
6									NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO		27. ACCEPT ASSIGNMENT? (For govt claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$
29. AMOUNT PAID \$					30. Rsvd. for NUCC Use				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH# ( )		
SIGNED _____ DATE _____					a. _____ b. _____		a. _____ b. _____		

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

**Appendix H**  
**Reimbursement Table**

<b>Alabama WISEWOMAN Program</b>			
<b>FY19-FY20 Reimbursement Rate Table</b>			
<b>(Effective for Dates of Services Beginning February 2019-January 2020)</b>			
<b>Laboratory Test</b>	<b>CPT Code</b>	<b>Global Rate</b>	<b>Modifier –QW Rate</b>
Routine Venipuncture	36415	\$3.00	N/A
Lipid Panel	80061	\$14.88	\$14.88
Total Cholesterol	82465	\$4.84	\$4.84
HDL Cholesterol	83718	\$9.10	\$9.10
Glucose, Quantitative	82947	\$4.37	\$4.37
Glucose, Blood, Reagent Strip	82948	\$5.04	N/A
Glucose Tolerance Test	82951	\$14.30	\$14.30
Hemoglobin, Glycated (A1c)	83036	\$10.79	\$10.79
Basic Metabolic Profile	80048	\$9.40	\$9.40
<b>Preventive Medicine Counseling/ Risk Reduction Services</b>			
Risk Factor Reduction, 45 minutes	99403	\$50.01	N/A
<b>Medical Follow Up Office Visits</b>			
Established Patient: expanded history, exam straightforward decision making 15 minutes	99213	\$69.88	
Established Patient: 10 minutes	99212	\$42.06	
<b>Medical Nutrition Therapy</b>			
Medical Nutrition Therapy, initial assessment, 15 min	802-1	\$35.49	
Medical Nutrition Therapy, initial assessment, 30 min	802-2	\$70.98	
Medical Nutrition Therapy, initial assessment, 45 min	802-3	\$106.47	
Group (2 or more), each 30 min	804-1	\$16.24	
Group (2 or more), each 60 min	804-2	\$32.48	
Group (2 or more), each 90 min	804-3	\$48.72	



## Appendix I

### My Health Information Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Body Mass Index (BMI)**

BMI is a measure of your weight compared to your height. If your BMI is 25 or higher, you could be at risk for diabetes or cardiovascular disease.

Your Height: \_\_\_\_\_ Your Weight: \_\_\_\_\_

Your BMI is: \_\_\_\_\_

#### **Fasting Blood Sugar (Glucose):**

Glucose is the main source of energy for your body. If your body cannot use sugar or glucose properly, you may be at risk for pre-diabetes or diabetes. Fasting means you have not eaten or taken in fluids for 9 hours.

Today your fasting blood sugar or glucose is: \_\_\_\_\_

**You want your fasting glucose to be less than 100**

#### **A1C Test**

If you have diabetes or pre-diabetes, an A1C test is drawn to monitor how well your blood sugar has been controlled during the past 2 to 3 months.

Today your A1C level is: \_\_\_\_\_%

**If you have diabetes, you want your A1C level to be less than 6.5 %**

**If you have pre-diabetes, you want your A1C to be less than 5.7%**

#### **Blood Pressure**

Blood pressure is the force of blood pushing through the arteries. When this force is too high, it can cause damage to the inside walls of the arteries. High blood pressure often has no symptoms, so it is important to have your blood pressure checked regularly. If you have high blood pressure and are taking medicine for it, it is important to take your medicine as instructed by your doctor.

Today your blood pressure is:

1<sup>st</sup> Reading: \_\_\_\_\_/\_\_\_\_\_

2<sup>nd</sup> Reading: \_\_\_\_\_/\_\_\_\_\_

Average BP: \_\_\_\_\_/\_\_\_\_\_

**You want your blood pressure to be less than 120/80**

~~~~~

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ Reading \_\_\_\_\_/\_\_\_\_\_

#### **Cholesterol and Blood Lipids**

##### **Total Cholesterol**

Cholesterol is a fatty substance that your body makes. You can also find it in foods like meats, eggs and cheeses.

##### **HDL Cholesterol**

HDL-Cholesterol is called the “good” cholesterol. It helps your body get rid of the “bad” or LDL cholesterol which blocks arteries.

##### **Triglycerides**

Triglycerides are a type of fat found in your bloodstream. Some triglycerides are made naturally by your body and some are there because of what you eat.

##### **Fasting Lipid Panel:**

T. Cholesterol: \_\_\_\_\_mg/dl  
**You want your total cholesterol to be less than 200**

HDL-Cholesterol: \_\_\_\_\_mg/dl  
**You want your HDL-cholesterol to be 40 or more**

LDL-Cholesterol: \_\_\_\_\_mg/dl  
**You want your LDL-cholesterol to be less than 129**

Triglycerides: \_\_\_\_\_mg/dl  
**You want your triglycerides to be less than 150**

**Appendix J**  
**Medical Clearance for Physical Activity**

Date: \_\_\_\_\_

Re: Clearance for Participation in Physical Activity

Dear \_\_\_\_\_:

\_\_\_\_\_ (Name of patient) recently had a cardiovascular disease risk screening through the Alabama WISEWOMAN Program. During the screening, the participant was asked a question to assess her cardiovascular health. The participant answered “yes” to the following question:

**Have you ever been diagnosed by a healthcare provider as having any of the following conditions?**

YES \_\_\_\_ NO \_\_\_\_

Coronary heart disease or chest pain; heart attack; heart failure;

stroke/transient ischemic attack (TIA); vascular disease; congenital heart defects

The Alabama WISEWOMAN guidelines require that participants who answer “yes” to the above question receive medical clearance concerning whether or not to participate in low to moderate intensity physical activity, such as slow to brisk walking.

Please indicate below, in the appropriate category, whether or not it is safe for the participant to engage in low to moderate physical activity and indicate any restrictions that may apply.

The participant: \_\_\_\_\_

\_\_\_\_\_ can participate in physical activity with no restrictions

\_\_\_\_\_ can participate in physical activity with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ CANNOT participate in physical activity

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_